



Supplemental Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METHOD AND APPARATUS FOR  
RECOVERING A PURE SUBSTANCE  
FROM AN IMPURE SOLUTION BY  
CRYSTALLIZATION  
Attorney Docket Number:: 2001-1288  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: RAY  
Middle Name:: ~~SIREY~~ SIRCY  
Family Name:: RUEMEKORF  
City of Residence:: ROSMALEN  
State or Province of  
Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing HOUTVESTERSTRAAT 57  
Address::  
City of Mailing Address:: ROSMALEN  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-5241 JZ

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: REINHARD  
Middle Name:: UWE  
Family Name:: SCHOLZ  
City of Residence:: KERKEN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing ST. THOMASWEG 2  
Address::  
City of Mailing Address:: KERKEN  
State or Province of Mailing Address::

Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: D-47647

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	02078711.5	9/10/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing Address::

City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::